

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Medical Review Division regarding a medical fee dispute between the requestor and the respondent named above.

I. DISPUTE

1. a. Whether there should be reimbursement of \$366.00 for dates of service, 02/21/01, 02/22/01, 06/13/01, 09/25/01 & 10/30/01.
- b. The request was received on 02/21/02.

II. EXHIBITS

1. Requestor, Exhibit I:
 - a. Initial Submission of TWCC-60
 1. HCFA 1500s
 2. Medical Audit summary/EOB/TWCC 62 form
 3. Letter to Compliance & Practice, dated 02/21/01
 4. Position statement, dated 02/21/02
 - b. Additional documentation requested on 06/10/02 and received on 06/17/02
 1. Position statement, dated 02/21/02
 2. Letter to Compliance & Practice, dated 02/21/01
 3. Medical records
 - c. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.
2. Respondent, Exhibit II:
 - a. TWCC 60
 - b. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.
3. Per Rule 133.307 (g) (3), the Division forwarded a copy of the requestor's 14 day response to the insurance carrier on 06/27/02. Per Rule 133.307 (g) (4) or (5), the carrier representative signed for the copy on 07/02/02. The response from the insurance carrier was received in the Division on 08/08/02. Based on 133.307 (i) the insurance carrier's response is untimely so the Commission shall issue a decision based on the request.
4. Notice of Additional Information submitted by the Requestor is reflected as Exhibit III of the Commission's case file.

III. PARTIES' POSITIONS

1. Requestor: Letter dated 02/21/02

“SINCE THE INSURANCE CARRIER DID NOT HAVE VALID REASON FOR DENIAL OF CARE WHICH WAS MEDICALLY NECESSARY, WE HEREBY REQUEST THE DIVISION TO ASSIST IN RESOLVING THIS MEDICAL DISPUTE IN FAVOR OF THE PROVIDER FOR SERVICES WHICH WERE MEDICALLY NECESSARY.”

2. Respondent: No position statement.

IV. FINDINGS

1. Based on Commission Rule 133.307(d) (1) (2), the only dates of service eligible for review are 02/21/01, 02/22/01, 06/13/01, 09/25/01 & 10/30/01.
2. This decision is being written based on the documentation that was in the file at the time it was assigned to this Medical Dispute Resolution Officer.
3. Per the Requestor's Table of Disputed Services, the Requestor billed the Carrier \$366.00 for services rendered on the above dates in dispute.
4. Per the Requestor's Table of Disputed Services, the Carrier paid the Requestor \$0.00 for services rendered on the above dates in dispute.
5. The Carrier's EOBs denies reimbursement as “N-PROCEDURE CODE 97265, 97122, 97250 AND OR 97261 IS REIMBURSABLE ONLY WHEN SEPARATE & COMPENSABLE BODY REGION/AREA IS TREATED AND DOCUMENTED IN CONJUNCTION WITH A MANIPULATION.” F-THE SERVICES LISTED UNDER THIS PROCEDURE CODE ARE INCLUDED IN A MORE COMPREHENSIVE CODE WHICH ACCURATELY DESCRIBES THE ENTIRE PROCEDURE(S) PERFORMED”; “F REIMBURSEMENT IS BEING WITHHELD AS THIS PROCEDURE IS CONSIDERED INTEGRAL TO THE PRIMARY PROCEDURE BILLED.” and “L – NOT TREATING DOCTOR”.
6. The following table identifies the disputed services and Medical Review Division's rationale:

DOS	CPT CODE	BILLED	PAID	EOB Denial Code(s)	MARS	REFERENCE	RATIONALE:
02/21/02 02/22/01 06/13/01	97265 97265 97256	\$43.00 \$43.00 \$43.00	\$0.00 \$0.00 \$0.00	N F N	\$43.00	TWCC Rule 133.304(c); MFG; MGR (I) (A) (10); CPT Descriptor	<p>The Carrier has denied these dates of service as, “N-PROCEDURE CODE 97265, 97122, 97250 AND/OR 97261 IS REIMBURSABLE ONLY WHEN SEPARATE & COMPENSABLE BODY REGION/AREA IS TREATED AND DOCUMENTED IN CONJUNCTION WITH A MANIPULATION.”; and “F REIMBURSEMENT IS BEING WITHHELD AS THIS PROCEDURE IS CONSIDERED INTEGRAL TO THE PRIMARY PROCEDURE BILLED”. The Carrier’s denial codes do not “...provide sufficient explanation to allow the sender to understand the reason(s) for the insurance carrier’s action(s)” as required by TWCC Rule 133.304. For denial code “F” the Carrier failed to list what “PRIMARY PROCEDURE BILLED” accurately describes the entire procedure.</p> <p>Requestor has provided documentation to support reimbursement in accordance with the Medical Fee Guideline. Therefore, reimbursement in the amount of \$129.00 is recommended.</p>
02/21/01 02/22/01 06/13/01	97122 97122 97122	\$35.00 \$35.00 \$35.00	\$0.00 \$0.00 \$0.00	N N N	\$35.00/15 mins	TWCC Rule 133.304(c); MFG; MGR (I) (10); CPT Descriptor	<p>The Carrier has denied these dates of service as, “N-PROCEDURE CODE 97265, 97122, 97250 AND/OR 97261 IS REIMBURSABLE ONLY WHEN SEPARATE & COMPENSABLE BODY REGION/AREA IS TREATED AND DOCUMENTED IN CONJUNCTION WITH A MANIPULATION.” The Carrier’s denial codes do not “...provide sufficient explanation to allow the sender to understand the reason(s) for the insurance carrier’s action(s)” as required by TWCC Rule 133.304. For denial code “F” the Carrier failed to list what “PRIMARY PROCEDURE BILLED” accurately describes the entire procedure.</p> <p>Requestor has provided documentation to support reimbursement in accordance with the Medical Fee Guideline. Therefore, reimbursement in the amount of \$105.00 is recommended.</p>
02/22/01	95851	\$36.00	\$0.00	F	\$36.00	TWCC Rule 133.304(c); MFG; MGR (I) (E) (4); CPT Descriptor	<p>The Carrier has denied CPT Code 95851 as “F-THE SERVICES LISTED UNDER THIS PROCEDURE CODE ARE INCLUDED IN A MORE COMPREHENSIVE CODE WHICH ACCURATELY DESCRIBES THE ENTIRE PROCEDURE(S) PERFORMED”. The Carrier’s denial code does not “...provide sufficient explanation to allow the sender to understand the reason(s) for the insurance carrier’s action(s)” as required by TWCC Rule 133.304. For denial code “F” the Carrier failed to list what “MORE COMPREHENSIVE CODE “ accurately describes the entire procedure.</p> <p>Requestor has provided documentation to support reimbursement in accordance with the Medical Fee Guideline. Therefore, reimbursement in the amount of \$36.00 is recommended.</p>

09/25/01 10/30/01	99213 MP 99213	\$48.00 \$48.00	\$0.00 \$0.00	L F	\$48.00	MFG; E/M GR; CPT Descriptor	<p>The Carrier has denied date of service, 09/25/01 as, "L – NOT TREATING DOCTOR." For date of service, 10/30/01, the Requestor has submitted a letter to the Compliance & Practice Division of TWCC asking for an investigation of the Carrier's failure to issue payment or denials of services billed after requesting reimbursement and/or reconsideration. Therefore, this date of service will be reviewed as an "F" denial.</p> <p>The MFG states CPT Code 99213 "requires at least two of these three key components: an expanded problem focused history; an expanded problem focused examination; medical decision making of low complexity." The very limited SOAP note submitted for 10/30/01 does not reflect the documentation requirements listed in the MFG. The provider's verbiage appears to be essentially the same from date to date. The provider has failed to submit medical documentation to support services billed in accordance with the MFG for reimbursement. No reimbursement is recommended for this date of service.</p> <p>Per the TWCC system, a physician change did not occur until 10/03/01; therefore the billing doctor was the treating doctor and reimbursement of \$48.00 for 09/25/01 is recommended.</p>
Totals		\$366.00	\$0.00				The Requestor is entitled to reimbursement in the amount of \$318.00 .

VI. ORDER

Pursuant to Sections 402.042, 413.016, 413.031, and 413.019 the Medical Review Division hereby ORDERS the Respondent to remit \$318.00 plus all accrued interest due at the time of payment to the Requestor within 20 days receipt of this order.

This Order is hereby issued this 6th day of November 2002.

Denise Terry
Medical Dispute Resolution Officer
Medical Review Division
DT/dt